

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 14

FILED APR 24 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u>		c. CITY OR TOWN <u>Centralia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence Rte 4</u>		d. STREET ADDRESS (If outside, give location) <u>R.4, Centralia</u>	

3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Lee</u> Last <u>Harvey</u>		4. DATE OF DEATH Month <u>Apr</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/7/1888</u>
9. AGE (last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>		12. BIRTHPLACE (City and state or country) <u>Audrain County</u>	
13a. FATHER'S NAME <u>Demmis T. Harvey</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Armstrong</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Taylor Harvey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Edwin Yager, Centralia</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypertensive cardiovascular disease with cardiac decompensation</u> DUE TO (b) <u>chronic pyelonephritis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cerebral arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Centralia, Missouri</u>
21. I attended the deceased from <u>5-10-56</u> to <u>4-16-62</u> and last saw her alive on <u>4-16-62</u> Death occurred at <u>approx. 1 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Robert L. Ward MD</u>	
22b. ADDRESS <u>Centralia, Missouri</u>		22c. DATE SIGNED <u>4-18-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 19, '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glendale Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>
24. FUNERAL DIRECTOR <u>Bill Jo Menden Centralia, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>April 21-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. M. E. Bride</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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APR 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.